

# Montgomery County Department of Police



# Confidential Questionnaire

## Police Officer Candidate

Applicant's Name: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Per 09 CALEA: 32.2 Proponent Unit: Personnel; Revised 8/2014

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# Important Notice to Applicant

The employment process for the Montgomery County Police is an extremely competitive endeavor that requires our agency to identify only the most highly qualified applicants for consideration for employment. The completion and submission of this confidential questionnaire is the first step in a thorough and lengthy employment process. All questions contained in this document must be answered as accurately, completely, and honestly as possible. You should understand that we will not process an incomplete questionnaire and you will be removed from the hiring process.

Any identified discrepancies in the information provided, or the omission of requested information, will result in your removal from this and future employment processes with this agency. This agency will not consider individuals for employment whom we find to be less than honest and forthright in the information they provide.

The information provided by you in this questionnaire will be verified during the polygraph examination component of our employment process. Any information knowingly withheld or falsified will be identified by the polygraph examiner.

## Instructions

1. Read all instructions carefully before completing this document. Incomplete or incorrectly completed questionnaires will not be accepted and you will be removed from the hiring process.
2. **DO NOT PRINT THIS DOCUMENT DOUBLE-SIDED.** Questionnaires that are submitted double-sided will be returned and you will be removed from the hiring process.
3. **YOU ARE REQUIRED TO COMPLETE THIS QUESTIONNAIRE ON A COMPUTER.** The pdf file format is able to be filled out in any pdf reader program you find online. Adobe Reader is the preferred program for completing this form. Save the file regularly as you complete it so as not to lose your work and have to start over. Upon completion, save the document and print it on plain white paper, single sided. You will submit the paper copy to us and keep the electronic copy for your records. **Handwritten copies will not be accepted.** The Authorization for Release of Information and Statement of Consent as well as the Authorization for Release of Credit History Information may be handwritten.
4. When listing individuals, be sure that you provide the full identity of the individual with their full and correct name, title, position, etc. Furthermore, you must provide complete home and/or business addresses. We will **not** attempt to determine street numbers, correct street spellings, apartment numbers, telephone numbers, ZIP codes, area codes, etc. It is your responsibility to provide complete and accurate information. **DO NOT** omit work phone numbers, cell phone numbers, or email addresses because you think the reference may not want to be contacted that way. Provide **ALL** information as requested.
5. When completing the personal residence section of the questionnaire, ensure that you provide every address where you have lived since birth. Begin with your most current address, and work backwards. Past addresses include addresses where you lived while at a college, private school, or the equivalent.

6. When answering Yes/No or multiple choice questions, respond with an X in the appropriate box or boxes.
7. When completing the employment section of the questionnaire, ensure that you provide the required information for every employer that you have worked for, starting with your current employer, and working backwards to your first employer. If there is a period of unemployment, enter it in the space provided in the same sequence and manner as if this were another employer by indication “to” and “from” and print “UNEMPLOYED” in the block marked “Name of Employer.” If you were employed by more than one employer during the same time frame, list the primary employer first, and then list the secondary or part-time employer within the next section.
8. If additional space is required to complete any of the questions, the answer should be continued on a continuation page located at the end of this booklet.
9. **Remember to have your “Authorization For Release of Information” notarized. Your background investigation cannot begin without this notarized document.**
10. **AGAIN: DO NOT PRINT THIS DOCUMENT DOUBLE-SIDED.**

**WHEN YOU APPEAR FOR YOUR WRITTEN EXAMINATION, YOU ARE REQUIRED TO BRING  
THE FOLLOWING DOCUMENTS WITH YOU**

- **COPY OF BIRTH CERTIFICATE**
- **COPY OF HIGH SCHOOL DIPLOMA**
- **SEALED COLLEGE TRANSCRIPTS *OR* PROOF THAT YOU HAVE REQUESTED THEM**
- **MILITARY FORM DD-214, IF APPLICABLE**
- **NOTARIZED RELEASE OF INFORMATION AND STATEMENT OF CONSENT FORM**
- **COPY OF SOCIAL SECURITY CARD**
- **COPY OF DRIVER’S LICENSE**

## **CREDIT HISTORY AUTHORIZATION FORM**

The Montgomery County, Maryland, Department of Police utilizes many sources of information during the background investigations component of our employment process. The usage of consumer credit reporting information is a very valuable tool and you should understand that this agency is required to obtain a separate and distinct authorization from you in order for this agency to obtain your consumer credit reporting history from a contracted consumer credit reporting agency. Without this signed and executed authorization, we will be unable to process your application for employment with this agency.

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### **AUTHORIZATION FOR RELEASE OF CREDIT HISTORY INFORMATION**

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I do hereby authorize the Montgomery County, Maryland, Department of Police to review and obtain a full disclosure of all consumer credit history information and/or reports concerning myself for employment purposes only, whether said records are public or private, and including those which may be deemed to be of a privileged or confidential nature. I further understand that material contained in any of my consumer credit history reports may be a basis for the denial of employment with the Montgomery County, Maryland, Department of Police.

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Full Legal Printed Name and Signature

Date



DEPARTMENT OF POLICE

Isiah Leggett  
County Executive

J. Thomas Manger  
Chief of Police

**AUTHORIZATION FOR RELEASE OF INFORMATION  
AND STATEMENT OF CONSENT**

I, \_\_\_\_\_ do hereby authorize a review by, and a full disclosure to \_\_\_\_\_ a duly authorized agent of the Montgomery County, Maryland, Department of Police of all records, or any part thereof, concerning myself, whether the said records are public or private, and including those which may be deemed to be of, a privileged or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial and credit institutions, including records and any other information including statements of deposits, withdrawals and balances of checking, savings and loan accounts, and also the record of commercial or retail mercantile establishments and retail credit agencies (including credit reports and/or ratings), medical and psychiatric consultation and/or treatment including those of hospitals, clinics, private practitioners, the U.S. Veterans Administration, Social Security Administration, and military medical and psychiatric facilities, public utility companies, employment and re-employment records, including background investigation reports, medical reports, the results of polygraph examinations, efficiency and performance ratings, complaints or grievances filed by or against me, and salary records, and other financial statements and records of any nature whatsoever, and wherever filed, records of complaints, arrests, trial and/or convictions for alleged or actual violations of the law, including criminal and/or traffic records, and further to include all such records whether "adult" or "juvenile."

I fully consent, after a conditional offer of employment is made, to any physical, psychological, or other testing, including urine and/or blood for controlled dangerous substances, to determine my suitability to be employed by the Montgomery County, Maryland Department of Police prior to beginning employment and also during the entire course of my employment with the Montgomery County, Maryland, Department of Police.

I also fully consent to submit to a polygraph examination and/or computer voice stress analyzer for the purpose of verification of information given by me or contained in my records, application and/or interview in connection with my application for employment with the Montgomery County, Maryland, Department of Police. I hereby release and waive any and all rights which may be given to me by any State, County, or municipality law to refuse or decline to undertake a polygraph examination and/or computer voice stress analyzer.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to those records and any other information including statements which will permit the development of a background and history of my personal and professional life. I further reiterate my authorization to submit, after a conditional offer of employment is made, to any and all medical, physical, psychiatric,

psychological, or other testing, including, urine and/or blood for controlled dangerous substances for the specific purpose of developing pertinent information for the Montgomery County, Maryland, Department of Police to consider in determining my suitability for employment by the Department, or by any other duly constituted law enforcement agency. It is my specific intent to provide access to information, however personal, privileged, or confidential it may appear to be, and the sources of information specifically enumerated above are not intended to deny or prevent access to any other records not specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed, directly or indirectly, in whole or in part, upon release will be considered in determining my suitability for employment, as stated above. Any medical information obtained before a conditional offer of employment is made will not be considered unless a conditional offer of employment is extended. All medical information received will be kept in a separate file and will not be reviewed or used in determining whether a conditional offer of employment will be made.

I agree to indemnify and hold harmless the person(s) to whom this Authorization for Release of Information is presented and his/her agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees arising out of, or by reason for complying with the request for information that this Authorization provides.

I further understand that in the event my employment application and/or resume is disapproved, not considered, or otherwise does not result in my appointment to the Montgomery County, Maryland, Department of Police, the source(s) of confidential information cannot and will not be released and/or revealed to me. Additionally, all information and documentation obtained, to include testing results, will be the sole property of the Montgomery County, Maryland, Department of Police.

It is further understood by me that a photocopy, including a facsimile (or FAX) copy of the actual original of this Authorization for Release of Information will be valid as an original hereof, even though the said photocopy or facsimile does not contain an original writing of my signature.

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APPLICANT'S SIGNATURE/PRINTED NAME

DATE

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DATE OF BIRTH

NOTARY AND SEAL

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SOCIAL SECURITY NUMBER

MY COMMISSION EXPIRES:

### Applicant's Biographical Data

Applicant's Name: \_\_\_\_\_  
Last First Middle Maiden

Current Address: \_\_\_\_\_  
Street Apt. #

\_\_\_\_\_  
County City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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U.S. Citizen: Yes \_\_\_\_ No \_\_\_\_ By Birth \_\_\_\_ Naturalization \_\_\_\_ *If naturalized complete below*

City, State, Court: \_\_\_\_\_

Certificate Number: \_\_\_\_\_ Petition Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Resident Alien Number: \_\_\_\_\_

Other Names Used: *Lawful or cultural name changes, prior married name, nicknames. List dates used and reason for each*

\_\_\_\_\_  
\_\_\_\_\_

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### Physical Description of Applicant

Race: \_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_

Eye Color: \_\_\_\_ Hair Color: \_\_\_\_

Scars, Marks, Tattoos:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Use Continuation Sheets for Additional Information*

\_\_\_\_\_  
Official use Only

\_\_\_\_\_  
Investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

## Relationship Status of Applicant

*Complete entire section*

Married: \_\_\_\_ Single: \_\_\_\_ Separated: \_\_\_\_ Divorced: \_\_\_\_ Partner of: \_\_\_\_

Child in common with: \_\_\_\_

Spouse/fiancé /significant other/current dating partner/person with whom you have a child in common:

Name: \_\_\_\_\_ Maiden name if applicable: \_\_\_\_\_ DOB: \_\_\_\_\_

Present Address: \_\_\_\_\_

Street

Apt#

City

County

State

Zip Code

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Date of Annulment/Divorce/Other Dissolution of Marriage: \_\_\_\_\_

Location: \_\_\_\_\_

Has your spouse/fiancé/significant other/current dating partner/person with whom you have a child in common ever been arrested, interviewed, detained, or convicted by any law enforcement agency? Yes \_\_\_\_ No \_\_\_\_ If yes, provide dates, reasons, agency and disposition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your spouse/fiancé/significant other/current dating partner/person with whom you have a child in common ever called the police on you for any reason? Yes \_\_\_\_ No \_\_\_\_ If yes, provide dates, reasons, agency and disposition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your spouse/fiancé/significant other/current dating partner/person with whom you have a child in common ever been involved in the unlawful distribution of controlled dangerous substances or other criminal enterprise? Yes \_\_\_\_ No \_\_\_\_ If yes, provide detailed explanation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Date

Applicant



### Information on Former Spouse(s)/Partner(s) if Applicable

Name: \_\_\_\_\_ Maiden name if applicable: \_\_\_\_\_ DOB: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street Apt#

City County State Zip Code

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Location: \_\_\_\_\_

Date of Annulment/Divorce/Other Dissolution of Marriage: \_\_\_\_\_

Location: \_\_\_\_\_

Has your former spouse ever been arrested, interviewed, detained, or convicted by any law enforcement agency? Yes \_\_\_ No \_\_\_ If yes, provide dates, reasons, agency and disposition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your former spouse ever called the police on you for any reason? Yes \_\_\_ No \_\_\_ If yes, provide dates, reasons, agency and disposition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your former spouse ever been involved in the unlawful distribution of controlled dangerous substances or other criminal enterprise? Yes \_\_\_ No \_\_\_ If yes, provide detailed explanation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Applicant

**All Children & Dependents of Applicant**  
*Regardless of age or with whom they currently reside*

Name: \_\_\_\_\_ Age: \_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_ Relationship: \_\_\_\_\_

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**Family of Applicant**

*Provide full name, addresses, zip codes, phone numbers and e-mail*

Parent 1 \_\_\_\_\_ DOB: \_\_\_\_\_

Last First Middle

Street Address Apt # City County State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Criminal Record? Yes \_\_\_\_ No \_\_\_\_ If yes, explain \_\_\_\_\_

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Parent 2 \_\_\_\_\_ DOB: \_\_\_\_\_

Last First Middle

Street Address Apt # City County State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Criminal Record? Yes \_\_\_\_ No \_\_\_\_ If yes, explain \_\_\_\_\_

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Sibling \_\_\_\_\_ DOB: \_\_\_\_\_

Last First Middle

Street Address Apt # City County State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Criminal Record? Yes \_\_\_\_ No \_\_\_\_ If yes, explain \_\_\_\_\_

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Date \_\_\_\_\_

Applicant \_\_\_\_\_

Sibling \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First Middle  
Street Address Apt # City County State Zip  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Criminal Record? Yes \_\_\_ No \_\_\_ If yes, explain \_\_\_\_\_

Sibling \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First Middle  
Street Address Apt # City County State Zip  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Criminal Record? Yes \_\_\_ No \_\_\_ If yes, explain \_\_\_\_\_

If you were raised by anyone other than your parents, provide their information:

Guardian \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First Middle  
Street Address Apt # City County State Zip  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Criminal Record? Yes \_\_\_ No \_\_\_ If yes, explain \_\_\_\_\_

Dates you were under this person's charge:  
From: \_\_\_\_\_ to \_\_\_\_\_

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Date

Applicant

### Current and Former Addresses

*List complete addresses, to include full college address (including dorm name/number), used since birth. Work backwards, starting with your current address.*

1.							From: _____ To: _____
	Street	Apt/Dorm	City	County	State	Zip	
2.							From: _____ To: _____
	Street	Apt/Dorm	City	County	State	Zip	
3.							From: _____ To: _____
	Street	Apt/Dorm	City	County	State	Zip	
4.							From: _____ To: _____
	Street	Apt/Dorm	City	County	State	Zip	
5.							From: _____ To: _____
	Street	Apt/Dorm	City	County	State	Zip	
6.							From: _____ To: _____
	Street	Apt/Dorm	City	County	State	Zip	
7.							From: _____ To: _____
	Street	Apt/Dorm	City	County	State	Zip	
8.							From: _____ To: _____
	Street	Apt/Dorm	City	County	State	Zip	
9.							From: _____ To: _____
	Street	Apt/Dorm	City	County	State	Zip	
10.							From: _____ To: _____
	Street	Apt/Dorm	City	County	State	Zip	
11.							From: _____ To: _____
	Street	Apt/Dorm	City	County	State	Zip	
12.							From: _____ To: _____
	Street	Apt/Dorm	City	County	State	Zip	
13.							From: _____ To: _____
	Street	Apt/Dorm	City	County	State	Zip	
14.							From: _____ To: _____
	Street	Apt/Dorm	City	County	State	Zip	

*Use Continuation Sheets for Additional Information*

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\_\_\_\_\_  
**Investigator**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant**

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## Education

### *High Schools/Vocational Schools Attended*

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City County State Zip

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates Attended: From \_\_\_\_\_ to \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City County State Zip

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates Attended: From \_\_\_\_\_ to \_\_\_\_\_

Approximate Grade Point Average: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_

### *College/Universities Attended*

Do you have a college/university degree? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

Type: Certificate \_\_\_\_\_ AA \_\_\_\_\_ BA \_\_\_\_\_ BS \_\_\_\_\_ MA \_\_\_\_\_ MS \_\_\_\_\_ PhD/JD/MD \_\_\_\_\_

How many total college credits have you earned? \_\_\_\_\_ *If credit hours were assigned*

If quarter hours were used, how many were earned? \_\_\_\_\_

Do you have any outstanding debts with any college or university, to include deferred loans, tuition, grants, parking citations, lab fees, etc? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, provide amount of debt and explain the situation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever received any type of scholarship or grants to/from any institution? Yes \_\_\_\_\_ No \_\_\_\_\_  
Provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### *Use Continuation Sheets for Additional Information*

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Date

Applicant

*Colleges/Universities Continued*

Current/Most Recent \_\_\_\_\_

Address \_\_\_\_\_  
Street City County State Zip

Dates Attended: From \_\_\_\_\_ to \_\_\_\_\_

Number of credits earned \_\_\_\_\_ Final GPA: \_\_\_\_\_

Degree Earned \_\_\_\_\_ Date Awarded: \_\_\_\_\_

Registrar Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City County State Zip

Dates Attended: From \_\_\_\_\_ to \_\_\_\_\_

Number of credits earned \_\_\_\_\_ Final GPA: \_\_\_\_\_

Degree Earned \_\_\_\_\_ Date Awarded: \_\_\_\_\_

Registrar Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City County State Zip

Dates Attended: From \_\_\_\_\_ to \_\_\_\_\_

Number of credits earned \_\_\_\_\_ Final GPA: \_\_\_\_\_

Degree Earned \_\_\_\_\_ Date Awarded: \_\_\_\_\_

Registrar Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

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Date

Applicant

### Education Continued

Have you ever had a scholarship or grant suspended as a result of failing to meet requirements- not maintaining required GPA, etc.? Yes \_\_\_\_ No \_\_\_\_ Explain, include dates, incident, and sanctions, if any:

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Have you ever been suspended, expelled or placed on academic probation from any school or educational facility? Yes \_\_\_\_ No \_\_\_\_ Explain, include dates, incident, and sanctions, if any:

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Have you ever been interviewed, cited, detained, arrested, investigated, or had ANY contact with any college police or security agency? Yes \_\_\_\_ No \_\_\_\_ Explain:

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Have you ever been subject to any review, investigation, sanction, punishment, intervention or other action by any type of college or university disciplinary review board or dormitory resident assistant or similar? Yes \_\_\_\_ No \_\_\_\_ Explain, include dates, incident, and sanctions, if any:

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### Foreign Language Skills

Are you able to communicate in any language other than English? Yes \_\_\_\_ No \_\_\_\_ *Including sign language*

Specify language and fluency/proficiency level as native speaker, fluent, or basic:

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Date

Applicant



### Applicant's Financial Status

Do you have a savings account(s)? Yes \_\_\_\_ No \_\_\_\_ If yes, name the bank(s) and/or financial institutions:

\_\_\_\_\_

Approximate balances: \_\_\_\_\_

Do you have a checking account(s)? Yes \_\_\_\_ No \_\_\_\_ If yes, name the bank(s) and/or financial institutions:

\_\_\_\_\_

Approximate balances: \_\_\_\_\_

Have you ever had any checks returned? Yes \_\_\_\_ No \_\_\_\_ If yes, list below:

Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Payable to: \_\_\_\_\_

Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Payable to: \_\_\_\_\_

Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Payable to: \_\_\_\_\_

Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Payable to: \_\_\_\_\_

Applicant's monthly rent/mortgage/other housing payment: \_\_\_\_\_

List all of your regularly recurring sources of income and amounts:

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency? \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency? \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency? \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency? \_\_\_\_\_

List all of your regularly recurring debts to be paid (i.e. utilities, credit card payment, car payment, child support, etc.):

Payable to: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Payable to: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Payable to: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Payable to: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Payable to: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Payable to: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Payable to: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Payable to: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Payable to: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Have you ever been the defendant or plaintiff in a civil case (i.e. been sued or sued someone, etc.)?

Yes \_\_\_\_ No \_\_\_\_ If yes, give case numbers, courts, locations, reason for cases, and disposition:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Date

Applicant

### Applicant's Financial Status Continued

Have you ever withdrawn, transferred, or deposited more than \$10,000 dollars using a bank, wire service, or other financial institution? Yes \_\_\_\_ No \_\_\_\_ If yes, provide all details, giving dates, amounts, recipients, sources of the money, etc:

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Do you currently have any financial judgments or liens against you or your property? Yes \_\_\_\_ No \_\_\_\_ If yes, give case numbers, courts, locations reason for cases, and disposition:

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Have you ever filed for or declared bankruptcy? Yes \_\_\_\_ No \_\_\_\_ If yes, give case numbers, courts, locations, reason for cases, and disposition:

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Do you currently have any court-ordered child support or alimony payment obligations? Yes \_\_\_\_ No \_\_\_\_ If yes, provide all details, giving dates, amounts, recipients, etc:

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Have you ever been delinquent in any child support or alimony payments? Yes \_\_\_\_ No \_\_\_\_ If yes, provide all details, giving dates, amounts, recipients, etc:

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Do you presently hold any active or silent controlling interest in any company? Yes \_\_\_\_ No \_\_\_\_ If yes, provide all details:

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Date

Applicant

**Applicant's Motor Vehicle/License Information**  
*Investigator Will Physically Inspect Your Driver's License*

List all motor vehicles currently owned and/or operated by applicant *Include motorcycles, boats, etc.*

Make: _____	Model: _____	Tag: _____	State: _____
Make: _____	Model: _____	Tag: _____	State: _____
Make: _____	Model: _____	Tag: _____	State: _____
Make: _____	Model: _____	Tag: _____	State: _____

Primary Automobile Insurance Company

Agency: \_\_\_\_\_ Agent: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Policy number(s): \_\_\_\_\_

Secondary Automobile Insurance Company *If applicable- motorcycles, boats, etc.*

Agency: \_\_\_\_\_ Agent: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Policy number(s): \_\_\_\_\_

Has your automobile insurance ever been canceled, revoked, or suspended in this state or any other state for non-medical reasons? Yes \_\_\_\_ No \_\_\_\_ If yes, explain \_\_\_\_\_

Have you ever been denied automobile insurance in this or any other state for non-medical reasons? Yes \_\_\_\_ No \_\_\_\_ If yes, explain: \_\_\_\_\_

Provide the information requested below on all driver's licenses which are now or have been issued to you from any state (even though these licenses may now be expired or have been replaced by another issuing agency or state). List your current license first.

State: \_\_\_\_\_ Lic. Number: \_\_\_\_\_ Type: \_\_\_\_\_ Valid? Yes \_\_\_\_ No \_\_\_\_  
Expiration: \_\_\_\_\_ Restrictions: \_\_\_\_\_

State: \_\_\_\_\_ Lic. Number: \_\_\_\_\_ Type: \_\_\_\_\_ Valid? Yes \_\_\_\_ No \_\_\_\_  
Expiration: \_\_\_\_\_ Restrictions: \_\_\_\_\_

State: \_\_\_\_\_ Lic. Number: \_\_\_\_\_ Type: \_\_\_\_\_ Valid? Yes \_\_\_\_ No \_\_\_\_  
Expiration: \_\_\_\_\_ Restrictions: \_\_\_\_\_

Has your license or privilege to operate a motor vehicle ever been revoked, refused, suspended, or canceled for non-medical reasons? Yes \_\_\_\_ No \_\_\_\_ If yes, explain in detail supplying reason, dates, location, etc: \_\_\_\_\_

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Investigator

Date

Applicant

Applicant's Motor Vehicle/License Information Continued

Have you ever/has your:

1. Registration ever been canceled, refused, revoked, or suspended for any non-medical reasons? Yes \_\_\_\_ No \_\_\_\_
2. Been detained, arrested, or charged with driving while intoxicated (DWI) or driving while under the influence (DUI)? Yes \_\_\_\_ No \_\_\_\_
3. Obtained a driver's license in this state or any other state or jurisdiction under another name? Yes \_\_\_\_ No \_\_\_\_
4. Received a "warning letter" from any motor vehicle administration of this state or any other state that said that your driver's license or vehicle registration could or would be cancelled, suspended, or revoked? Yes \_\_\_\_ No \_\_\_\_
5. Obtained or possessed a falsified or fictitious driver's license or other government identification? Yes \_\_\_\_ No \_\_\_\_
6. Had your driving record expunged? Yes \_\_\_\_ No \_\_\_\_

To the best of your knowledge, how many positive and/or negative points are currently on your license? Negative \_\_\_\_ Positive \_\_\_\_ Maximum number of points you've had at any one time? \_\_\_\_

Do you currently have any unpaid or outstanding parking tickets, traffic tickets, or automated speed/red light enforcement tickets in any state? Yes \_\_\_\_ No \_\_\_\_ If yes, explain in detail supplying reason, dates, issuing agency, amount owed, etc:

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How many times have you ever driven a vehicle, whether stopped by the police or not, while under the influence of drugs or alcohol? \_\_\_\_

Please explain in detail all 'yes' responses to questions 1 through 6 above:

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Investigator

Date

Applicant

## Traffic Record

**List ALL traffic violations, speed or red light camera citations, and motor vehicle accidents in which you were held at fault.** For violation, list as speeding, unsafe lane change, etc. For location list the state the violation or accident occurred. Include issuing agency.

Violation: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_  
Speed/red light camera citation? Yes \_\_\_\_\_ No \_\_\_\_\_ Issuing agency: \_\_\_\_\_  
Paid Fine: Yes \_\_\_\_\_ No \_\_\_\_\_ Court Appearance: Yes \_\_\_\_\_ No \_\_\_\_\_  
Disposition: Guilty\_\_\_\_ Not Guilty \_\_\_\_ Driving School \_\_\_\_ Probation \_\_\_\_ Placed on Stet Docket \_\_\_\_

Violation: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_  
Speed/red light camera citation? Yes \_\_\_\_\_ No \_\_\_\_\_ Issuing agency: \_\_\_\_\_  
Paid Fine: Yes \_\_\_\_\_ No \_\_\_\_\_ Court Appearance: Yes \_\_\_\_\_ No \_\_\_\_\_  
Disposition: Guilty\_\_\_\_ Not Guilty \_\_\_\_ Driving School \_\_\_\_ Probation \_\_\_\_ Placed on Stet Docket \_\_\_\_

Violation: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_  
Speed/red light camera citation? Yes \_\_\_\_\_ No \_\_\_\_\_ Issuing agency: \_\_\_\_\_  
Paid Fine: Yes \_\_\_\_\_ No \_\_\_\_\_ Court Appearance: Yes \_\_\_\_\_ No \_\_\_\_\_  
Disposition: Guilty\_\_\_\_ Not Guilty \_\_\_\_ Driving School \_\_\_\_ Probation \_\_\_\_ Placed on Stet Docket \_\_\_\_

Violation: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_  
Speed/red light camera citation? Yes \_\_\_\_\_ No \_\_\_\_\_ Issuing agency: \_\_\_\_\_  
Paid Fine: Yes \_\_\_\_\_ No \_\_\_\_\_ Court Appearance: Yes \_\_\_\_\_ No \_\_\_\_\_  
Disposition: Guilty\_\_\_\_ Not Guilty \_\_\_\_ Driving School \_\_\_\_ Probation \_\_\_\_ Placed on Stet Docket \_\_\_\_

Violation: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_  
Speed/red light camera citation? Yes \_\_\_\_\_ No \_\_\_\_\_ Issuing agency: \_\_\_\_\_  
Paid Fine: Yes \_\_\_\_\_ No \_\_\_\_\_ Court Appearance: Yes \_\_\_\_\_ No \_\_\_\_\_  
Disposition: Guilty\_\_\_\_ Not Guilty \_\_\_\_ Driving School \_\_\_\_ Probation \_\_\_\_ Placed on Stet Docket \_\_\_\_

Violation: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_  
Speed/red light camera citation? Yes \_\_\_\_\_ No \_\_\_\_\_ Issuing agency: \_\_\_\_\_  
Paid Fine: Yes \_\_\_\_\_ No \_\_\_\_\_ Court Appearance: Yes \_\_\_\_\_ No \_\_\_\_\_  
Disposition: Guilty\_\_\_\_ Not Guilty \_\_\_\_ Driving School \_\_\_\_ Probation \_\_\_\_ Placed on Stet Docket \_\_\_\_

Violation: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_  
Speed/red light camera citation? Yes \_\_\_\_\_ No \_\_\_\_\_ Issuing agency: \_\_\_\_\_  
Paid Fine: Yes \_\_\_\_\_ No \_\_\_\_\_ Court Appearance: Yes \_\_\_\_\_ No \_\_\_\_\_  
Disposition: Guilty\_\_\_\_ Not Guilty \_\_\_\_ Driving School \_\_\_\_ Probation \_\_\_\_ Placed on Stet Docket \_\_\_\_

Violation: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_  
Speed/red light camera citation? Yes \_\_\_\_\_ No \_\_\_\_\_ Issuing agency: \_\_\_\_\_  
Paid Fine: Yes \_\_\_\_\_ No \_\_\_\_\_ Court Appearance: Yes \_\_\_\_\_ No \_\_\_\_\_  
Disposition: Guilty\_\_\_\_ Not Guilty \_\_\_\_ Driving School \_\_\_\_ Probation \_\_\_\_ Placed on Stet Docket \_\_\_\_

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Date

Applicant

### Applicant's Military Service

*If none, answer first and second questions only*

If required, are you registered with the Selective Service System? Yes \_\_\_\_ No \_\_\_\_

Have you served in the Armed Forces of the United States, to include  
US Coast Guard or US Merchant Marine? Yes \_\_\_\_ No \_\_\_\_

If yes, complete the following:

From \_\_\_\_\_ to \_\_\_\_\_ Branch: \_\_\_\_\_ Job Title & Rank at Separation: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Branch: \_\_\_\_\_ Job Title & Rank at Separation: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Branch: \_\_\_\_\_ Job Title & Rank at Separation: \_\_\_\_\_

Type of discharge *Exclude medical reasons* \_\_\_\_\_

Primary MOS/AFSC: \_\_\_\_\_ Secondary MOS/AFSC: \_\_\_\_\_

List all duty stations, beginning with basic training

Date: \_\_\_\_\_ Duty Station: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Supervisor's Current Phone: \_\_\_\_\_ *Supervisor info not necessary for basic training duty station*

Date: \_\_\_\_\_ Duty Station: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Supervisor's Current Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Duty Station: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Supervisor's Current Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Duty Station: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Supervisor's Current Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Duty Station: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Supervisor's Current Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Duty Station: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Supervisor's Current Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Duty Station: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Supervisor's Current Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Duty Station: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Supervisor's Current Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Duty Station: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Supervisor's Current Phone: \_\_\_\_\_

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Applicant

### Applicant's Military Service Continued

Do you have any Reserve/National Guard obligations? Yes \_\_\_\_ No \_\_\_\_ Active \_\_\_\_ Inactive \_\_\_\_  
Date Reserve obligation began and is scheduled to terminate: From \_\_\_\_ to \_\_\_\_

If currently in a Reserve component or National Guard, please complete the following:

Organization: \_\_\_\_\_ Unit: \_\_\_\_\_

Address: \_\_\_\_\_

Direct Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Commanding Officer: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

List all awards, citations, or other commendations received:

Award: \_\_\_\_\_ Date: \_\_\_\_\_

Award: \_\_\_\_\_ Date: \_\_\_\_\_

Award: \_\_\_\_\_ Date: \_\_\_\_\_

Award: \_\_\_\_\_ Date: \_\_\_\_\_

Award: \_\_\_\_\_ Date: \_\_\_\_\_

Award: \_\_\_\_\_ Date: \_\_\_\_\_

Award: \_\_\_\_\_ Date: \_\_\_\_\_

Award: \_\_\_\_\_ Date: \_\_\_\_\_

Award: \_\_\_\_\_ Date: \_\_\_\_\_

Award: \_\_\_\_\_ Date: \_\_\_\_\_

Award: \_\_\_\_\_ Date: \_\_\_\_\_

Were you ever subject to any type of disciplinary action- including Article 15/NJP- under the UCMJ?

Yes \_\_\_\_ No \_\_\_\_ If yes, describe in detail:

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Were you ever reduced/demoted in rank? Yes \_\_\_\_ No \_\_\_\_ If yes, describe circumstances:

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Have you ever received company punishment? Yes \_\_\_\_ No \_\_\_\_ If yes, describe circumstances:

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Were you ever confined/detained in a brig, stockade, guardhouse or jail while in the military? Yes \_\_\_\_

No \_\_\_\_ If yes, describe circumstances:

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Applicant

Applicant's Military Service Continued

Have you ever been denied/refused entrance to any of the US Armed forces? Yes \_\_\_\_ No \_\_\_\_ If yes, describe in detail the basis for denial. If for medical reasons, simply state "medical."

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever served in, have or had any type of obligation to, or sworn any allegiance to a military service of any foreign government, other than the United States of America? Yes \_\_\_\_ No \_\_\_\_ If yes, describe in detail:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever served as a civilian or military member in a foreign country's military, intelligence, diplomatic, security forces, militia, other defense force, or government agency? Yes \_\_\_\_ No \_\_\_\_ If yes, describe in details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### Applicant's Employment History

List all of your employment history including part-time or temporary jobs. Begin with your current or most recent job and employers/co-workers and work backwards to your very first job. Include all periods of unemployment, internships, volunteer positions, etc. **ALL EMPLOYERS WILL BE CONTACTED. INCLUDE E-MAIL ADDRESSES AND CELL PHONE NUMBERS.** Taking the time now to obtain correct contact information for all persons will make your background investigation proceed more quickly. Failure to follow these instructions can result in your removal from the hiring process. We will not process an incomplete questionnaire and you will be removed from the hiring process.

Current Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Applicant's Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
Supervisor's Phone: \_\_\_\_\_ Supervisor's Email: \_\_\_\_\_  
Company Email Address: \_\_\_\_\_  
Applicant's Position/Title: \_\_\_\_\_ Full-time \_\_\_\_ Part-time \_\_\_\_  
Internship \_\_\_\_ Volunteer \_\_\_\_ Salaried \_\_\_\_ Dates of Employment: From: \_\_\_\_\_ to \_\_\_\_\_  
Reason for Leaving: *Exclude Medical Reasons:* \_\_\_\_\_

#### Current/Former Co-Workers

List two co-workers with whom you presently work, and are not listed elsewhere in this book.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Applicant's Previous Employment History

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Applicant's Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
Supervisor's Phone: \_\_\_\_\_ Supervisor's Email: \_\_\_\_\_  
Company Email Address: \_\_\_\_\_  
Applicant's Position/Title: \_\_\_\_\_ Full-time \_\_\_\_ Part-time \_\_\_\_  
Internship \_\_\_\_ Volunteer \_\_\_\_ Salaried \_\_\_\_ Dates of Employment: From: \_\_\_\_\_ to \_\_\_\_\_  
Reason for Leaving: *Exclude Medical Reasons:* \_\_\_\_\_

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Date

Applicant

Applicant's Previous Employment History Continued

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Applicant's Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
Supervisor's Phone: \_\_\_\_\_ Supervisor's Email: \_\_\_\_\_  
Company Email Address: \_\_\_\_\_  
Applicant's Position/Title: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_  
Internship \_\_\_\_\_ Volunteer \_\_\_\_\_ Salaried \_\_\_\_\_ Dates of Employment: From: \_\_\_\_\_ to \_\_\_\_\_  
Reason for Leaving: *Exclude Medical Reasons*: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Applicant's Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
Supervisor's Phone: \_\_\_\_\_ Supervisor's Email: \_\_\_\_\_  
Company Email Address: \_\_\_\_\_  
Applicant's Position/Title: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_  
Internship \_\_\_\_\_ Volunteer \_\_\_\_\_ Salaried \_\_\_\_\_ Dates of Employment: From: \_\_\_\_\_ to \_\_\_\_\_  
Reason for Leaving: *Exclude Medical Reasons*: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Applicant's Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
Supervisor's Phone: \_\_\_\_\_ Supervisor's Email: \_\_\_\_\_  
Company Email Address: \_\_\_\_\_  
Applicant's Position/Title: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_  
Internship \_\_\_\_\_ Volunteer \_\_\_\_\_ Salaried \_\_\_\_\_ Dates of Employment: From: \_\_\_\_\_ to \_\_\_\_\_  
Reason for Leaving: *Exclude Medical Reasons*: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Applicant's Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
Supervisor's Phone: \_\_\_\_\_ Supervisor's Email: \_\_\_\_\_  
Company Email Address: \_\_\_\_\_  
Applicant's Position/Title: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_  
Internship \_\_\_\_\_ Volunteer \_\_\_\_\_ Salaried \_\_\_\_\_ Dates of Employment: From: \_\_\_\_\_ to \_\_\_\_\_  
Reason for Leaving: *Exclude Medical Reasons*: \_\_\_\_\_

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Date

Applicant

Applicant's Previous Employment History Continued

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Applicant's Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
Supervisor's Phone: \_\_\_\_\_ Supervisor's Email: \_\_\_\_\_  
Company Email Address: \_\_\_\_\_  
Applicant's Position/Title: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_  
Internship \_\_\_\_\_ Volunteer \_\_\_\_\_ Salaried \_\_\_\_\_ Dates of Employment: From: \_\_\_\_\_ to \_\_\_\_\_  
Reason for Leaving: *Exclude Medical Reasons*: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Applicant's Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
Supervisor's Phone: \_\_\_\_\_ Supervisor's Email: \_\_\_\_\_  
Company Email Address: \_\_\_\_\_  
Applicant's Position/Title: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_  
Internship \_\_\_\_\_ Volunteer \_\_\_\_\_ Salaried \_\_\_\_\_ Dates of Employment: From: \_\_\_\_\_ to \_\_\_\_\_  
Reason for Leaving: *Exclude Medical Reasons*: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Applicant's Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
Supervisor's Phone: \_\_\_\_\_ Supervisor's Email: \_\_\_\_\_  
Company Email Address: \_\_\_\_\_  
Applicant's Position/Title: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_  
Internship \_\_\_\_\_ Volunteer \_\_\_\_\_ Salaried \_\_\_\_\_ Dates of Employment: From: \_\_\_\_\_ to \_\_\_\_\_  
Reason for Leaving: *Exclude Medical Reasons*: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Applicant's Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
Supervisor's Phone: \_\_\_\_\_ Supervisor's Email: \_\_\_\_\_  
Company Email Address: \_\_\_\_\_  
Applicant's Position/Title: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_  
Internship \_\_\_\_\_ Volunteer \_\_\_\_\_ Salaried \_\_\_\_\_ Dates of Employment: From: \_\_\_\_\_ to \_\_\_\_\_  
Reason for Leaving: *Exclude Medical Reasons*: \_\_\_\_\_

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Investigator

Date

Applicant

Applicant's Previous Employment History Continued

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Applicant's Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
Supervisor's Phone: \_\_\_\_\_ Supervisor's Email: \_\_\_\_\_  
Company Email Address: \_\_\_\_\_  
Applicant's Position/Title: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_  
Internship \_\_\_\_\_ Volunteer \_\_\_\_\_ Salaried \_\_\_\_\_ Dates of Employment: From: \_\_\_\_\_ to \_\_\_\_\_  
Reason for Leaving: *Exclude Medical Reasons*: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Applicant's Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
Supervisor's Phone: \_\_\_\_\_ Supervisor's Email: \_\_\_\_\_  
Company Email Address: \_\_\_\_\_  
Applicant's Position/Title: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_  
Internship \_\_\_\_\_ Volunteer \_\_\_\_\_ Salaried \_\_\_\_\_ Dates of Employment: From: \_\_\_\_\_ to \_\_\_\_\_  
Reason for Leaving: *Exclude Medical Reasons*: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Applicant's Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
Supervisor's Phone: \_\_\_\_\_ Supervisor's Email: \_\_\_\_\_  
Company Email Address: \_\_\_\_\_  
Applicant's Position/Title: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_  
Internship \_\_\_\_\_ Volunteer \_\_\_\_\_ Salaried \_\_\_\_\_ Dates of Employment: From: \_\_\_\_\_ to \_\_\_\_\_  
Reason for Leaving: *Exclude Medical Reasons*: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Applicant's Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
Supervisor's Phone: \_\_\_\_\_ Supervisor's Email: \_\_\_\_\_  
Company Email Address: \_\_\_\_\_  
Applicant's Position/Title: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_  
Internship \_\_\_\_\_ Volunteer \_\_\_\_\_ Salaried \_\_\_\_\_ Dates of Employment: From: \_\_\_\_\_ to \_\_\_\_\_  
Reason for Leaving: *Exclude Medical Reasons*: \_\_\_\_\_

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### Applicant's Previous Employment History Continued

Have you ever:

7. Been discharged/terminated/fired or disciplined by any employer? Yes \_\_\_\_ No \_\_\_\_
8. Resigned or quit while anticipating that your employer intended to discharge (fire) you for any reason? Yes \_\_\_\_ No \_\_\_\_
9. Resigned or quit while anticipating that your employer intended to take any form of disciplinary action against you? Yes \_\_\_\_ No \_\_\_\_
10. Resigned or quit from a job by mutual agreement following allegations of misconduct? Yes \_\_\_\_ No \_\_\_\_
11. Walked off (left) a job without giving proper notice? Yes \_\_\_\_ No \_\_\_\_
12. Resigned or quit from a job by mutual agreement following allegations of unsatisfactory work performance? Yes \_\_\_\_ No \_\_\_\_
13. Stolen anything from any of your employers? Yes \_\_\_\_ No \_\_\_\_
14. Have you ever used illegal drugs or alcoholic beverages while working on any job? Yes \_\_\_\_ No \_\_\_\_
15. Have you ever committed any other crimes (even ones which went undetected) while on any job you ever held? Yes \_\_\_\_ No \_\_\_\_
16. Have you had any extended work absences for reasons other than medical or earned vacations? Yes \_\_\_\_ No \_\_\_\_

Thoroughly explain any 'yes' responses to questions 7 to 16:

[illegible]

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Investigator

Date \_\_\_\_\_

**Applicant**

### Applicant's Criminal History

Have you ever been (check all that apply), by any law enforcement agency:

Arrested \_\_\_\_\_ Indicted \_\_\_\_\_  
Interviewed \_\_\_\_\_ Convicted \_\_\_\_\_  
Interrogated \_\_\_\_\_ Received a Criminal Citation \_\_\_\_\_ None of these \_\_\_\_\_  
Detained \_\_\_\_\_ Received a Civil Citation \_\_\_\_\_

If any of these are checked, explain in detail, giving dates, reasons, agencies, and disposition \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently:

Charged with a criminal or civil offense by any police/law enforcement authority? Yes \_\_\_\_\_ No \_\_\_\_\_

On probation or parole of any type? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to either, explain in full detail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you aware of any outstanding criminal/civil summons or warrants for your arrest?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes to either, explain in full detail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been involved in a physical fight or assault, to include domestic violence and/or other types of fights? If yes to either, explain in full detail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been issued/served with any of the following: *Check all that apply*

Protective/Peace/Stay-Away/ExParte Order \_\_\_\_\_  
Bench Warrant \_\_\_\_\_  
Arrest Warrant \_\_\_\_\_ None of these \_\_\_\_\_  
District Court Criminal or Civil Summons \_\_\_\_\_  
Papers related to any type of court appearance \_\_\_\_\_

If any of these are checked, explain in detail on the continuation page, giving dates, reasons, agencies, and disposition.

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Date

Applicant

### Applicant's Criminal History Continued

Have you ever been convicted of a criminal offense, to include a petty offense? Yes \_\_\_\_ No \_\_\_\_  
If yes, explain in detail, giving dates, reasons, agencies, and disposition"

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Place an X beside the below listed offenses that you have ever committed, participated in, conspired to commit, or took substantial steps to commit, whether or not you were arrested, detained, or the crime was ever discovered. Indicate with an X in the appropriate spaces.

Alcohol Violations	___	Fraud/Bad Check	___
Arson/Setting Fires	___	Gambling/Betting	___
Assault/Verbal/Physical	___	Harassment/Threats	___
Auto Theft	___	Hunting/Fishing Violations	___
Battery/ Fights	___	Impersonating a Police Officer	___
Bomb Threats	___	Indecent Exposure/Mooning	___
Burglary/Housebreaking	___	Pedophilia	___
Child Abuse/Molestation	___	Peeping Tom/Voyeurism	___
Computer Related Crimes	___	Perjury	___
Concealed Weapons	___	Prescription Drugs- Illegal Use	___
Domestic Violence/Abuse	___	Prostitution/Soliciting	___
Drugs- CDS	___	Rape/Date Rape/Sexual Assault	___
Use/Try	___	Robbery	___
Possession	___	Stalking	___
Sale	___	Telephone Misuse/Threats	___
Elder/Adult Abuse	___	Thefts/Larceny	___
Embezzlement	___	Trespassing	___
Extortion	___	Unauthorized use of a Vehicle	___
False Alarms/Fire/Bomb	___	Vandalism/Tagging	___
Forgery/ Credit Cards	___		

If you checked any of the above, provide a full explanation below for each offense. Include dates/times, location, etc. Use continuation sheets if necessary.

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*Use Continuation Sheets for Additional Information*

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### Applicant's Criminal History Continued

If you answer 'yes' to any of the following, provide a full and detailed explanation on continuation sheet beginning on page 33.

Have you ever:

- |   |                |
|---|----------------|
| 17. Lied or committed perjury in court or other judicial proceeding?                                      | Yes ___ No ___ |
| 18. Lied to anyone of authority?  | Yes ___ No ___ |
| 19. Entered any building, business, dwelling or house without permission?                                 | Yes ___ No ___ |
| 20. Intentionally injured anyone as a result of a fight?  | Yes ___ No ___ |
| 21. Entered a house of prostitution for any reason?   | Yes ___ No ___ |
| 22. Cheated a restaurant or food establishment by walking out on a check?                                 | Yes ___ No ___ |
| 23. Helped anyone steal anything?   | Yes ___ No ___ |
| 24. Falsified or lied on an employment application?   | Yes ___ No ___ |
| 25. Provided anyone a discount at your place of employment without permission?                            | Yes ___ No ___ |
| 26. Conspired with anyone to commit an illegal act or crime of any kind?                                  | Yes ___ No ___ |
| 27. Given anything to anyone that was not yours to give away?   | Yes ___ No ___ |
| 28. Been accused of or arrested for domestic violence/spousal abuse/elder abuse?                          | Yes ___ No ___ |
| 29. Been questioned by the police as a suspect or witness as part of a criminal or traffic investigation? | Yes ___ No ___ |
| 30. Been a lookout or driver for someone else while they committed a crime or criminal act of any kind?   | Yes ___ No ___ |
| 31. Used a weapon of any kind during a fight/altercation?   | Yes ___ No ___ |
| 32. Been placed on parole or probation for any reason?  | Yes ___ No ___ |

*Use Continuation Sheets for Additional Information*

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### Applicant's Criminal History Continued

Have you ever:

33. Falsely reported a crime or knowingly given erroneous or misleading information to a police officer from this or any other agency? Yes \_\_\_\_ No \_\_\_\_
34. Used false, fraudulent, altered, or borrowed identification of any kind for any purpose? Yes \_\_\_\_ No \_\_\_\_
35. Allowed your car to be used in the commission of a crime? Yes \_\_\_\_ No \_\_\_\_
36. Have you ever committed a sex act with an animal? Yes \_\_\_\_ No \_\_\_\_
37. Have you ever used the Internet to download any movies, television series, music, books, or other materials owned by another, without paying for the media? Yes \_\_\_\_ No \_\_\_\_
38. Have you ever used the Internet for the production, downloading, storage, viewing, and/or distribution of child pornography? Yes \_\_\_\_ No \_\_\_\_
39. Have you ever used the Internet for the solicitation of sex or sexual encounters in exchange for money, materials, or services, including use of websites such as, but not limited to, *Backpage*, *Craigslist*, or other social networking sites for these purposes? Yes \_\_\_\_ No \_\_\_\_
40. Knowingly committed a weapons violation of any kind *Including illegal possession, wearing, carrying, transporting, selling, purchasing or modifying?* Yes \_\_\_\_ No \_\_\_\_
41. Been a member of a street gang, neighborhood crew, motorcycle club, or gang? Yes \_\_\_\_ No \_\_\_\_
42. Represented or associated yourself with persons who represent any neighborhood, area, or location in which you resided or grew up in? *Excluding recognized civic organizations* Yes \_\_\_\_ No \_\_\_\_
43. Been tattooed, branded, scarred, or in other ways marked your body with any signs, symbols, letters, numbers, or other identifying marks to affiliate yourself with, show respect for, or otherwise show allegiance to any neighborhood in which you resided, street gang or crew in which you were involved, or other group to which you show allegiance? Yes \_\_\_\_ No \_\_\_\_

*Use Continuation Sheets for Additional Information*

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## Applicant's Criminal History Continued

Have you ever:

44. Carried, worn, displayed, or possessed any item of clothing, bandana, prop, leathers, hats, jewelry, or any other articles that were intended to be used or modified to be used to identify affiliation with any neighborhood crew or group, street gang, or motorcycle club/gang? Yes \_\_\_\_ No \_\_\_\_
45. Been present at, witness to, or involved in any way in any kind of murder, killing, manslaughter, or other unnatural death of a human being? Yes \_\_\_\_ No \_\_\_\_
46. Committed a crime for which you were not caught or arrested, which is not listed elsewhere in this book? Yes \_\_\_\_ No \_\_\_\_

*For the purposes of these questions, terrorism is defined as any criminal acts that involve violence or are dangerous to human life and appear to be intended to intimidate or coerce a civilian population to influence the policy of a government by intimidation or coercion, or to affect the conduct of a government by mass destruction, assassination, or kidnapping.*

47. Are you now or have you ever been a member of an organization dedicated to terrorism, either with an awareness of the organization's dedication to that end, or with the specific intent to further such activities? Yes \_\_\_\_ No \_\_\_\_
48. Have you ever knowingly engaged in any acts of terrorism? Yes \_\_\_\_ No \_\_\_\_
49. Have you ever advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force? Yes \_\_\_\_ No \_\_\_\_
50. Have you ever been a member of an organization dedicated to the use of violence or force to overthrow the United States Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities? Yes \_\_\_\_ No \_\_\_\_
51. Have you ever been a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or any state of the United States with the specific intent to further such action? Yes \_\_\_\_ No \_\_\_\_
52. Have you ever knowingly engaged in activities designed to overthrow the U.S. Government by force? Yes \_\_\_\_ No \_\_\_\_
53. Have you ever associated with anyone involved in activities to further terrorism? Yes \_\_\_\_ No \_\_\_\_

*Use Continuation Sheets for Additional Information*

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## Applicant's Criminal History Continued

Have you ever:

54. Been involved in or participated in any parade, picket line, delegation, or demonstration sponsored by any organization(s)? Yes \_\_\_\_ No \_\_\_\_
55. Been involved in or paid, contributed, collected, or solicited any money or dues to, for, or in behalf of any organization(s) which could be viewed as subversive? Yes \_\_\_\_ No \_\_\_\_
56. Been involved in or attended any school, camp, class, or forum sponsored by any subversive/criminal/terrorist organization(s)? Yes \_\_\_\_ No \_\_\_\_
57. Been involved in making, constructing, assembling or manufacturing, transporting, and/or detonation of any type of bomb or other incendiary device? Yes \_\_\_\_ No \_\_\_\_
58. Been approached or been solicited/recruited to become a participant with or a member of any criminal/subversive/terrorist organization, including while attending college? Yes \_\_\_\_ No \_\_\_\_
59. Knowingly filed a false/fraudulent insurance claim with any insurance company regarding a traffic accident, theft, or other monetary or property loss? Yes \_\_\_\_ No \_\_\_\_
60. Been sexually aroused by a child/minor or had sexual contact or a sexual relationship with a child/minor? Yes \_\_\_\_ No \_\_\_\_
61. Been subjected to forfeiture of collateral in connection with an arrest? Yes \_\_\_\_ No \_\_\_\_
62. Been required to appear before a juvenile court for an act which would have been a crime if committed as an adult? Yes \_\_\_\_ No \_\_\_\_
63. Been a victim or complainant in any crime or incident? Yes \_\_\_\_ No \_\_\_\_
64. Been found to be delinquent on income or other tax payments? Yes \_\_\_\_ No \_\_\_\_
65. Been bonded or refused bond upon application? Yes \_\_\_\_ No \_\_\_\_
66. Been issued or denied a permit or license to carry a handgun or other weapon on your person? Yes \_\_\_\_ No \_\_\_\_
67. Been involved in any college/fraternity hazing/initiation incident/ritual/program? Yes \_\_\_\_ No \_\_\_\_

*Use Continuation Sheets for Additional Information*

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### Applicant's Drug Experimentation and History

Have you ever:

68. Used, ingested, experimented, tasted and/or possessed any narcotics/  
controlled dangerous substance (CDS) not prescribed by a physician? Yes \_\_\_\_ No \_\_\_\_
69. Associated with, or are related to, or had/have an ongoing friendship or  
personal relationship with anyone you suspected or knew was/is a  
seller/distributor of narcotics/controlled dangerous substances? Yes \_\_\_\_ No \_\_\_\_
70. Have you ever been present when illegal drugs/narcotics/controlled  
dangerous substances were either used, sold, possessed or delivered? Yes \_\_\_\_ No \_\_\_\_

Have you ever illegally smoked, experimented with, tasted, ingested, used, injected, sniffed or otherwise possessed/consumed any of the following? For those that you have, use continuation area beginning on page 33 for full and detailed explanation of each use of each item.

Substance	Uses Before Age 21	Uses Age 21 and Over	Date of Last Use	Substance
Marijuana and derivatives containing THC <i>Including hashish and/or hash oil</i>				
Synthetic cannabis products- K2, Spice, etc. <i>Regardless of name the product was sold under</i>				
Anabolic Steroids <i>List number of cycles; 1 cycle is one period of use, followed by period of non-use</i>				
LSD Acid				
Heroin				
PCP				
Methamphetamine <i>Ice, meth, crystal, crank, etc.</i>				

*Use Continuation Sheets for Additional Information*

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Substance	Uses Before Age 21	Uses Age 21 and Over	Date of Last Use	Substance
Inhalants <i>Glue, solvents, aerosols, whippits, etc</i>				
Cocaine- Powder or Crack				
Opioid and Morphine derivatives <i>Recreational uses only; Including: codeine, morphine, methadone, fentanyl, oxycodone, OxyContin, Percocet, Vicodin, Demerol, Darvocet or any other prescription pain medicines</i>				
Adderall and/or Ritalin <i>Specify which was used</i>				
Barbiturates/Depressants <i>Recreational uses only; Including: amytal, seconal, phenobarbital, barbs, reds, downer, benzodiazepine, Ativan, valium, Xanax, downers, ambien, zolpidem, lunesta, sonata, rohypnol, roofies, roofinol, GHB (gamma-hydroxybutyrate), or others</i>				
Hallucinogenics <i>Mushrooms/psilocybin, peyote/mescaline, or others</i>				
Dextromethorphan <i>Cough medicine such as Robitussin; List only recreational uses. Commonly called: robo, robotripping, dex, dmx, syrup, tussin, orange crush, vitamin D, purple drank, etc.</i>				

*Use Continuation Sheets for Additional Information*

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Substance	Uses Before Age 21	Uses Age 21 and Over	Date of Last Use	Substance
Bath Salts				
Club Drugs- <i>Ecstasy/MDMA</i>				
Human Growth Hormone- HGH				

Have you ever:

71. Used any other illegal drug/narcotic prescription drug not specifically listed above? Yes \_\_\_ No \_\_\_
72. Used a prescription medication not prescribed to you? Yes \_\_\_ No \_\_\_
73. Bought/purchased any of the substances listed in the chart above, or any over the counter medication, other than as directed, for illegal or recreational use? Yes \_\_\_ No \_\_\_
74. Illegally used/obtained prescription medications or drugs? Yes \_\_\_ No \_\_\_
75. Been arrested or charged with any type of drug/narcotic related violation? Yes \_\_\_ No \_\_\_
76. Used prescription medication for recreational purposes? Yes \_\_\_ No \_\_\_
77. Sold or distributed any type of illegal drug/narcotic/prescription medication? Yes \_\_\_ No \_\_\_
78. Participated in the production, manufacture, growing, delivery, transportation, smuggling, storage, handling, or holding of illegal drugs/narcotics for yourself or anyone else? Yes \_\_\_ No \_\_\_
79. Made any money, profit, or other material gain in any way from your involvement in drugs/narcotics? Yes \_\_\_ No \_\_\_
80. Inhaled, used, tried, tasted, injected, experimented with, or had anything else to do with any illegal drug/narcotic/prescription or over the counter medication for recreational use, other than what you have already listed here? Yes \_\_\_ No \_\_\_

*Use Continuation Sheets for Additional Information*

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### Applicant's Drug Experimentation and History Continued

Thoroughly explain any 'yes' responses to questions 17 to 80. Include dates, times, locations, drugs involved, crimes involved or locations and as much detail as possible. Also, fully explain ALL responses in the above drug usage chart. Use additional sheets if necessary and refer to the question number in your response.

This image shows a full page of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for handwriting practice or general writing. There are no margins, text, or other markings on the page.

*More Space on Next Page*

***Use Continuation Sheets for Additional Information***

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Date \_\_\_\_\_

**Applicant**

[illegible]

Investigator

**Applicant**



### **Gambling Related Activities**

Do you gamble? Never \_\_\_\_ Seldom \_\_\_\_ Occasionally \_\_\_\_ Regularly \_\_\_\_

If so, on what:

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Have you ever:

81. Placed a wager/bet by telephone/internet or made a hand-to-hand transaction with a bookmaker/bookie/numbers man, etc.? Yes \_\_\_\_ No \_\_\_\_
82. Been "paid off" while or after playing any illegal slot machine or video games? Yes \_\_\_\_ No \_\_\_\_
83. Have you ever worked for a bookie? Yes \_\_\_\_ No \_\_\_\_
84. Do you currently have any outstanding gambling debts? Yes \_\_\_\_ No \_\_\_\_
85. Borrowed money to gamble? Yes \_\_\_\_ No \_\_\_\_
86. Used an employer's money to gamble? Yes \_\_\_\_ No \_\_\_\_
87. Stolen money with which to gamble? Yes \_\_\_\_ No \_\_\_\_
88. Participated in, attended, or in any way supported or promoted an 'underground' cards game such as poker, blackjack, etc. where money or other valuable items were used as bets/winnings? Yes \_\_\_\_ No \_\_\_\_

What are your average annual gambling winnings? \_\_\_\_\_

What are your average annual gambling losses? \_\_\_\_\_

What is the most you've ever won/lost at a single time? Won \_\_\_\_\_ Lost \_\_\_\_\_

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### **Social Communication**

Have you ever:

89. Used a cellular phone, other mobile device, or any type of camera to photograph or film a person without their knowledge or consent where the images or video made was of a sexual or provocative nature? Yes \_\_\_\_ No \_\_\_\_

*Use Continuation Sheets for Additional Information*

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## Social Communication Continued

90. If so, have you ever shared such images or videos with others either directly or indirectly without the knowledge or consent of the subject of the images?

Yes \_\_\_\_\_ No \_\_\_\_\_

91. Posted such images to any website or online service without the knowledge or consent of the subject of the images with the intent to embarrass or seek revenge against the subject of the images?

Yes \_\_\_\_\_ No \_\_\_\_\_

For all ‘yes’ responses to questions 81 to 91, please fully explain the situation and provide as much detail as possible. Use continuation pages beginning on page 48 if you need more room. Be sure to reference the question number in your response:

[illegible]

## Alcohol Related Activities

Have you ever:

92. Been arrested, charged, or detained for committing any alcohol related violations? *Including by campus safety or University Police agencies*

Yes \_\_\_\_\_ No \_\_\_\_\_

93. Issued a civil or criminal citation for any type of alcohol related violation?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please fully explain 'yes' responses to questions 92 and 93

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## Alcohol Related Activities Continued

How regularly do you drink alcohol? \_\_\_\_\_

How much do you normally drink on one occasion? \_\_\_\_\_

How many drinks does it take for you to become impaired? \_\_\_\_\_

How many times a month do you drink to impairment? \_\_\_\_\_

Has your use of alcohol ever contributed to problems with family, friends, work, school or other aspects of your life? If so, explain:

[illegible]

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**Applicant**

## Character References

Provide contact information for three character references- not related to you by blood or marriage- **who are not listed elsewhere in this book**. Provide all requested information. **DO NOT** leave any sections blank, even if you think your reference doesn't want the contact information shared. Leaving information out only slows down your background investigation.

Name: \_\_\_\_\_

Last First Middle

Street Address Apt # City County State Zip

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Length of time known: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Name: \_\_\_\_\_

Last First Middle

Street Address Apt # City County State Zip

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Length of time known: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Name: \_\_\_\_\_

Last First Middle

Street Address Apt # City County State Zip

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Length of time known: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

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### Personal Friend References

Provide contact information for three personal friends who are not related to you by blood or marriage and **who are not listed elsewhere in this book**. Provide all requested information.

Name: \_\_\_\_\_

Last First Middle

Street Address Apt # City County State Zip

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Length of time known: \_\_\_\_\_

Name: \_\_\_\_\_

Last First Middle

Street Address Apt # City County State Zip

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Length of time known: \_\_\_\_\_

Name: \_\_\_\_\_

Last First Middle

Street Address Apt # City County State Zip

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Length of time known: \_\_\_\_\_

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## Neighborhood References

Provide contact information for three households who reside currently in your neighborhood- in immediate proximity to your residence. If you live in an apartment or condo, use people in neighboring units. It does not matter if the references know you or not- if you don't know three of your neighbors, go introduce yourself.

Name: \_\_\_\_\_

Last First Middle

Street Address Apt # City County State Zip

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Length of time known: \_\_\_\_\_

Name: \_\_\_\_\_

Last First Middle

Street Address Apt # City County State Zip

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Length of time known: \_\_\_\_\_

Name: \_\_\_\_\_

Last First Middle

Street Address Apt # City County State Zip

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Length of time known: \_\_\_\_\_

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### Current Roommates-Landlords

List all current roommates and your current landlord. If your apartment, condo, etc. is managed by a leasing company, provide contact information for the property manager as well.

Name: \_\_\_\_\_

Last First Middle

Street Address Apt # City County State Zip

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Length of time known: \_\_\_\_\_

Name: \_\_\_\_\_

Last First Middle

Street Address Apt # City County State Zip

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Length of time known: \_\_\_\_\_

Name: \_\_\_\_\_

Last First Middle

Street Address Apt # City County State Zip

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Length of time known: \_\_\_\_\_

*Use Continuation Sheets for Additional Information*

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## Police – Public Safety – Private Security Experience

Do you personally know any Montgomery County Police Officers/Employees? Yes \_\_\_\_ No \_\_\_\_ If yes, list names below and duty station if known, and length of time you have known them:

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Do you have experience as a sworn police/law enforcement officer? Yes \_\_\_\_ No \_\_\_\_ If yes, provide agency(s), position, length of service, and complete Part II of this booklet:

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Do you have experience in the security field? (*i.e., security guard, night watchman, investigator, etc.*) Yes \_\_\_\_ No \_\_\_\_ If yes, provide agency(s), dates, and positions:

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Are you currently Maryland Police Training Commission certified? Yes \_\_\_\_ No \_\_\_\_

If yes, certificate # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

*Provide a photocopy of the certification card.*

Do you have a Special Police Officer (SPO) commission issued by the State of Maryland?

Yes \_\_\_\_ No \_\_\_\_ If yes, permit # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

*Provide a photocopy of the permit.*

Do you have experience as an intern, volunteer, cadet, or explorer with this agency, or any other law enforcement/public safety agency? Yes \_\_\_\_ No \_\_\_\_ If yes, provide agency, dates, and position:

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Do you have experience, volunteer or career, with any fire department or rescue squad?

Yes \_\_\_\_ No \_\_\_\_ If yes, provide agency, dates, and position:

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*Use Continuation Sheets for Additional Information*

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Police – Public Safety – Private Security Experience Continued

Do you have any family members/relatives who are current or past members of a law enforcement agency? Yes \_\_\_ No \_\_\_ If yes, please list name, relationship and their department/agency:

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Have you ever:

94. Applied for a position with any law enforcement agency or any fire department? Yes \_\_\_ No \_\_\_
95. Applied for any position for which a background investigation was initiated? Yes \_\_\_ No \_\_\_
96. Been denied employment by an organization covered in the questions above? Yes \_\_\_ No \_\_\_
97. Do you have any concerns about participating in a polygraph examination with this agency? Yes \_\_\_ No \_\_\_
98. Have you ever been polygraphed or participated in a computer voice stress analyzer (CVSA) exam in the course of employment or while seeking employment? Yes \_\_\_ No \_\_\_
99. Have you ever failed a polygraph or had deception identified upon taking a polygraph or CVSA examination? Yes \_\_\_ No \_\_\_
100. Have you ever been granted a security clearance by the United States Government? Yes \_\_\_ No \_\_\_

Provide as much detail as possible for all 'yes' responses to questions 94 to 100. Include dates, agencies, reasons given, security clearance levels, etc. as relevant

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*Use Continuation Sheets for Additional Information*

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## Police-Public Safety Employment Applications

List all criminal justice, public safety agencies or fire departments to which you have applied. List the steps you have completed with each agency- written exam, oral interview, polygraph, background completed, physical agility, medical, psychological, etc. List your final status as well. If you have applied to the same agency more than once, list each time separately. Be sure to list each occasion you have applied to the Montgomery County Police, as well.

Agency	Date Applied	Steps Taken	Investigator	Phone Number	Status

*Use Continuation Sheets for Additional Information*

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Special Skills-Training-Certifications

List any special skills/training, such as operation of machines or special equipment, that you possess:

List any special licenses or certificates issued to you, such as pilot, ham radio operator, PADI, handgun permit, etc. *Provide a photocopy of all licenses or certificates.*

Do you have skills, training, or certification in the following areas? If yes, provide copies of certificates.

Skill	No	Yes	Course/Certification
EMT <i>Basic/Intermediate/Paramedic</i>			
Emergency Driving			
Firearms Training			
Counseling/Crisis Intervention			
Legal/Paralegal			
Martial Arts			
Leadership Course			
Other- Specify:			

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## Miscellaneous

Have you ever been a member of any organization or group and/or do you now or have you ever adhered to any belief which would in any way:

- Limit or prohibit your use of weapons or firearms? Yes \_\_\_\_ No \_\_\_\_
- Restrict or prohibit you from working on particular days or hours? Yes \_\_\_\_ No \_\_\_\_
- Restrict you from conforming to departmental standards of appearance and/or grooming which may from time to time be set? Yes \_\_\_\_ No \_\_\_\_
- Support any sort of discrimination or harm against any class of people? Yes \_\_\_\_ No \_\_\_\_
- Prevent you from taking an oath of office, with or without an affirmation in a Supreme Being? Yes \_\_\_\_ No \_\_\_\_
- Prevent you from supporting and defending the Constitution of the United States of America and the State of Maryland? Yes \_\_\_\_ No \_\_\_\_
- Prevent you from lawfully killing or seriously wounding a human in the line of duty? Yes \_\_\_\_ No \_\_\_\_
- Prevent you from humanely euthanizing an injured animal? Yes \_\_\_\_ No \_\_\_\_

Do you understand that police work is extremely hazardous and that you will find yourself in situations that are physically or emotionally uncomfortable, that you will have to perform under extreme stress, and that death or serious injury to yourself could occur in the course of your duties? Yes \_\_\_\_ No \_\_\_\_

Is there anything in your past or that is currently occurring that we have not asked, which, if ascertained at a later date, may prove to be embarrassing to you and/or this Department, if you were employed by this agency? Yes \_\_\_\_ No \_\_\_\_ If yes, explain in detail on continuation page.

Is there anything additional in your background that you feel we should be aware of as we consider your employment application, such as a traumatic event that may have happened to you or someone you know? Yes \_\_\_\_ No \_\_\_\_ If yes, explain in detail on continuation page.

If you become employed as a police officer by this agency, how long do you anticipate remaining with us?

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*Use Continuation Sheets for Additional Information*

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Investigator

Date

Applicant

Miscellaneous Continued

List all professional and/or civic organizations that you currently are, or were previously a member of.

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List all of your current non-employment related interests and hobbies.

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If employed as a police officer with this agency, what career goals do you have?

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List all of your current and past volunteer, community service, or community-oriented activities.

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Did anyone provide advice, guidance or other assistance to you in regards to the completion of this confidential questionnaire booklet? Yes \_\_\_\_ No \_\_\_\_ If yes, who and how did they assist?

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**Applicant**

# Montgomery County Department of Police



## Confidential Questionnaire Police Officer Candidate

### Current/Past Law Enforcement Officer Supplemental

*To be completed only by those applicants who are now or have been sworn law enforcement officers/agents/investigators in any jurisdiction, to include US military*

Applicant's Name: \_\_\_\_\_

Date Completed: \_\_\_\_\_

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Date

Applicant

## Current and Former Law Enforcement Officers

What law enforcement agency(s) are you currently or formerly employed by?

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What are/were your date(s) of employment? From: \_\_\_\_\_ to: \_\_\_\_\_

Have you been the subject of any internal investigations? Yes \_\_\_ No \_\_\_ If yes, explain in full all cases.

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Have you ever been suspended from duty, with or without your police powers, for any reason, except for medical reasons? Yes \_\_\_ No \_\_\_ If yes, explain fully.

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Have you been subject to any departmental disciplinary actions? Yes \_\_\_ No \_\_\_ If yes, explain in full

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Have you been involved in any traffic accidents while operating departmental or government vehicles? Yes \_\_\_ No \_\_\_ If so, how many ? \_\_\_\_\_ What was the disposition of each?

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What assignments, special training, or skills have you had as a police officer, and how long have those assignments lasted (FTO, SWAT, K9, investigator, etc)?

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How have you been rated on your evaluations?

Excellent \_\_\_ Above Satisfactory \_\_\_ Satisfactory \_\_\_ Below Satisfactory \_\_\_ Unsatisfactory \_\_\_

*Provide copies of your performance evaluations for last two years*

*Use Continuation Sheets for Additional Information*

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Investigator

Date

Applicant

Current and Former Law Enforcement Officers  
Continued

Explain any evaluations where you received a less than satisfactory rating.

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Have you ever been questioned/interviewed/interrogated by your department's Internal Affairs Unit?  
Yes \_\_\_ No \_\_\_ If yes, explain in full all circumstances.

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Have you ever discharged your service weapon either on-duty or off-duty, other than for training purposes or for authorized animal destruction? Yes \_\_\_ No \_\_\_ If yes, explain in full all circumstances.

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Have you ever given an untruthful statement in court or to your department's Internal Affairs Unit concerning your actions as a Police Officer? Yes \_\_\_ No \_\_\_ If yes, explain in full, all circumstances.

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Have you ever been charged or investigated for the use of excessive use of force or police brutality?  
Yes \_\_\_ No \_\_\_ If yes, explain in detail giving dates, location, type of call, investigator, and disposition.

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Please explain the reasons why you want to leave your current, or why you left your previous law employer.

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Have you been investigated by your current/past agency for an allegation of domestic violence or abuse? Yes \_\_\_ No \_\_\_ If yes, explain in full, all circumstances.

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